OSC Use Only: Reporting Code: Category Code:

Date Contract Approved:

FORM A			
State Consultant Se	rvices - Contra	ctor's Planned Er	nployment
From Contract Start D	ate Through T	he End Of The Co	ontract Term
State Agency Name: Department			
Contractor Name: NSF			174
Contract Start Date://	Contr	act End Date://	
	Number of	Number of bours to	Amount Dayabla
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Field Auditor-SFI	1	232	\$18,850
Field Auditor-BSC	2	288	\$23,400
	*		
	1		
	×		
	*		
Total this page			
Grand Total		. 1.6	
Name of person who prepared		iniel Freeman	701 2 11 120
Title: Project Manage	1 +	Phone #	734-214-6228
Preparer's Signature:	fame		
Date Prepared: 10/25/2018			Page of
(Use additional pages, if necessary)			Pageof